

## STATE OF NEW JERSEY

Department of State - Division of Archives and Records Management
Bureau of Records Management

P.O. Box 307, Trenton, NJ 08625-0307, 609.530.3200

www.njarchives.org

## Microfilm Certification Form

This form is to be utilized when requesting the destruction of paper based records that have been microfilmed. It is to be submitted in conjunction with "Request and Authorization for Records Disposal" form.

Agency Name:			
Address:			
City:	State:	Zip Code:	
Contact Name:			
Certification			
I HEREBY CERTIFY that the records listed on the attached "Request and Authorization for Records Disposal" form(s) have been microfilmed in accordance with the Standards for Microfilming of Public Records as set forth in the New Jersey Administrative Code 15:3-3.			
Supervisor, Microfilm Unit:			Date:
Agency Head, Records Custodian, or Designate			Date: